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FORM D	UNITED STATES	('	OMB AP	PROVAL
	SECURITIES AND EXCHANGE COMMISSION	ON	OMB Number:	3235-0076
	Washington, D.C. 20549		Expires: Estimated average	April 30, 2008 De burden hours
			per response	16.00
	FORM D			
RECEIVED			SEC US	E ONLY
/3/	NOTICE OF SALE OF SECURITIES	S	Prefix	Serial
SEP 1 9 200	PURSUANT TO REGULATION D,			
32. 2	SECTION 4(6), AND/OR		DATE RE	CEIVED
	UNIFORM LIMITED OFFERING EXEMI	PTION		l
203/	y civil oldy Envir Leb of February Exervi	11011	L	
Name of Offering (check if this is	s an amendment and name has changed, and indicate change	re.)		
	ional Inc. ("LII") shares of common stock in exchange t		ling common stoc	:k
Filing Under (Check box(es) that appl	y): Rule 504 Rule 505 Rule 506	Section	n 4(6) 🗍 ULOI	Ε
Type of Filing: New Filing	Amendment	1		
	A. BASIC IDENTIFICATION DATA			
1. Enter the information requested about	out the issuer			
·—	n amendment and name has changed, and indicate change.)	+	07078	364
Lennox International Inc.				
Address of Executive Offices	(Number and Street, City, State, Zip Code)	•	e Number (Includi	ng Area Code)
2140 Lake Park Blvd., Richardson,		(972) 497		
Address of Principal Business Operati	ons (Number and Street, City, State, Zip Code)	Telephone	e Number (Includi	ng Area Code)
(if different from Executive Offices)			PROC	}F99= >
Brief Description of Business				LOSED
climate control solutions for heating	, air conditioning and refrigeration markets around the	world	CED 2	/0003
Type of Business Organization	_			4 2007
	limited partnership, already formed other (pleas	e specify)	THON	/ISOM
business trust	limited partnership, to be formed		FINAN	ICIAL
	Month Year			
Actual or Estimated Date of Incorpora	tion or Organization: 0 8 9 1		l 🗌 Estim	ated

1-16107

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in loss of an available state exemption unless such exemption is predicated on the filling of a federal notice.

A. BASIC IDENTIFICATION DA	АТА						
2. Enter the information requested for the following:		· · · · · · · · · · · · · · · · · · ·					
• Each promoter of the issuer, if the issuer has been organized within the past fiv	e years;						
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;							
Each executive officer and director of corporate issuers and of corporate generates.	al and managing partners of p	artnership issuers; and					
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer	General and/or Managing Partner					
Full Name (Last name first, if individual) Alvarado, Linda G.							
Business or Residence Address (Number and Street, City, State, Zip Code) 2140 Lake Park Blvd., Richardson, Texas 75080							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer . 🖸 Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Bluedorn, Todd M.							
Business or Residence Address (Number and Street, City, State, Zip Code)							
2140 Lake Park Blvd., Richardson, Texas 75080 Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Booth, Steven R.		wanaging Farther					
Business or Residence Address (Number and Street, City, State, Zip Code) 2140 Lake Park Blvd., Richardson, Texas 75080							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Booth, Thomas							
Business or Residence Address (Number and Street, City, State, Zip Code) 2140 Lake Park Blvd., Richardson, Texas 75080							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Byrne, James J.							
Business or Residence Address (Number and Street, City, State, Zip Code) 2140 Lake Park Blvd., Richardson, Texas 75080							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer	General and/or Managing Partner					
Full Name (Last name first, if individual) Cooper, Janet K.							
Business or Residence Address (Number and Street, City, State, Zip Code) 2140 Lake Park Blvd., Richardson, Texas 75080							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Henry, C. L. (Jerry)							
Business or Residence Address (Number and Street, City, State, Zip Code) 2140 Lake Park Blvd., Richardson, Texas 75080							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Major, John E.							
Business or Residence Address (Number and Street, City, State, Zip Code) 2140 Lake Park Blvd., Richardson, Texas 75080							
(Use blank sheet or conv and use additional conies of t	his sheet as necessary						

	_	A. BASIC IDEN	TIFICATION DATA		
 Each beneficial securities of the Each executive 	of the issuer, if the is owner having the po- issuer; officer and director	ssuer has been organized ower to vote or dispose, o	within the past five years; or direct the vote or dispos of corporate general and m	ition of, 10% or m	
Check Box(es) that Appl	y: Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name fi Norris, John W. (III)					
Business or Residence A 2140 Lake Park Blvd., R		d Street, City, State, Zip C	Code)		
Check Box(es) that Appl		Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name fi Schmidt, Paul W.	rst, if individual)				
Business or Residence A 2140 Lake Park Blvd., R		l Street, City, State, Zip C	ode)		· · · · —
Check Box(es) that Appl		Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fit Stinson, Terry D.	· • • • • • • • • • • • • • • • • • • •				
Business or Residence A 2140 Lake Park Blvd., R		l Street, City, State, Zip C 1080	ode)		
Check Box(es) that Appl		☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name fin Storey, Jeffrey D.	rst, if individual)				
Business or Residence A 2140 Lake Park Blvd., R		l Street, City, State, Zip C 080	ode)		
Check Box(es) that Appl	y: Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name fill Thompson, Richard L.	st, if individual)				
		Street, City, State, Zip C	ode)		
Check Box(es) that Appl		☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name fii Ashenhurst, Ph.D., Har	ry J.				
Business or Residence A 2140 Lake Park Blvd., R		Street, City, State, Zip C 080	ode)		
Check Box(es) that Appl		☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir Boxer, Scott J.	st, if individual)				
Business or Residence A 2140 Lake Park Blvd., R	•	Street, City, State, Zip C 080	ode)		
Check Box(es) that Appl	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir Carter, Susan K.					
Business or Residence Ac 2140 Lake Park Blvd., Ri		Street, City, State, Zip C	ode)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA						
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Goodspeed, Linda A.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
2140 Lake Park Blvd., Richardson, Texas 75080 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Schjerven, Robert E.						
Business or Residence Address (Number and Street, City, State, Zip Code) 2140 Lake Park Blvd., Richardson, Texas 75080						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code) 2140 Lake Park Blvd., Richardson, Texas 75080						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
•						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В	. INFO	RMATIO	ON ABO	UT OFF	<u>ERING</u>					
1.	Has the is:	suer sold	or does	the issuer	intend to	sell. to	non-accre	edited inv	estors in	this offer	ring?			Yes ⊠	No □
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE							_	_							
2.	What is th	e minim	um invest	ment that	will be	accepted	from any	individu	al?		••••••	••••••		\$ <u>N/</u>	4
2	Does the o	efforing r	a-mit iai	nt owner	bin of a	cinala un	i+9							Yes I⊠l	No □
3. 4.	Enter the		-		-	_									
••	commission	on or sim	ilar remu	ineration	for solic	itation of	purchase	ers in coi	nnection	with sale	s of secu	rities in	the offerin	ıg.	
	If a person or states, l														
	broker or									N/A					
Ful	l Name (La	st name f	first, if in	dividual)		_									
Rus	siness or Re	sidence	Address (Number	and Stree	t City S	tate Zin	Code)		·			· .		
Du.	iness of Re	Sidelice 1	ruuress (i tuilloci t	mid Succ	i, City, D	uito, zip	Code)							
Naı	me of Assoc	ciated Br	oker or D	ealer				•							
Sta	tes in Whic	h Person	Listed H	as Solicit	ed or Inte	ends to S	olicit Pur	chasers					•		· · · · · · · · · · · · · · · · · · ·
	(Check "A	II States'	or check	individu	ial States)							•••••		All States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	ΗI	ID		
	IL	IN	ΙA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT	NE	ΝV	NH	ĽИ	ММ	NY	NC	ND	OH	ок	OR	PA		
	RI	sc	SD	TN	TX	עד	VT	VA	AW	WV	WI	WY	PR		
Ful	l Name (La	st name f	īrst, if in	dividual)											
Bus	siness or Re	sidence /	Address (Number a	and Stree	t, City, S	tate, Zip	Code)					 -		
				····											
Nar	ne of Assoc	ciated Bro	oker or D	ealer											
Stat	tes in Whicl	h Person	Listed Ha	as Solicite	ed or Inte	nds to Se	olicit Pur	chasers							
	(Check "A	II States"	or check	individu	al States)		· ···········	***************************************		•••••			🗆 1	All States
	AL	AK	$\overline{A}\mathbf{Z}$	AR	CA	CO	CT	$\overline{ ext{DE}}$	DC	FL	GA	ΗI	ID		
	II	IN	IA	KS	KY	LA	ME	MD	AM	MI	MN	MS	MO		
	MT	NE	NV	ИН	ИJ	NM	NY	NC	ND	OH	OK	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	AW	₩V	MI	WY	PR		
Full	l Name (La	st name f	irst, if inc	lividual)			•								
Bus	iness or Re	sidence A	Address (Number a	ınd Stree	t, City, S	tate, Zip	Code)					- · · · · · · · · · · · · · · · · · · ·		
												····			
Nar	ne of Assoc	iated Bro	oker or D	ealer											
Stat	es in Which	n Person	Listed Ha	s Solicite	ed or Inte	nds to So	olicit Pur	chasers							
	(Check "A	Il States"	or check	individu	al States								•••••	🔲 1	All States
	AI	AK	ΑZ	AR	CA	CO	CT	ĐΕ	ÞC	FL	GA	HI	ID		
	IL	IN	ΙA	KS	KY	<u>I</u> A	ME	MD	MA	MI	MN	MS	МО		
	MT	NE	<u>7</u>	NH	EZ EZ	MM	NY	NG	ND	OH	OK	OR Fare	PA		
	RI	sc	SD	TN Use blanl	TX c sheet o	UT T CODY 31	VT rd use ad	VA ditional c	WA	WV	WI	WY	PR		
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	IND USE OF TROCE	EDS
	Enter the aggregate offering price of securities included in this offering and the total amount		
	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an excha		
	offering, check this box and indicate in the columns below the amounts of the secur	ities	
	offered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount
		Offering Price	Already Sold
	Debt	§	_ \$
	Equity	2,239,563 shares*	\$ 2,239,563 shares
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	§	\$
	Other (Specify)	\$	\$
		2,239,563 shares*	\$ 2,239,563 shares
	Answer also in Appendix, Column 3, if filing under	ULOE.	
	* offered to sole shareholder in exchange for outstanding common shares of the		ibuted by sole shareholder
	to its shareholders pursuant to liquidation of sole shareholder	ie issuer and to be disti	iouted by sole shareholder
	to its shareholders pursuant to inquidation of sole shareholder		
	Enter the number of accredited and non-accredited investors who have purchased secur	ties	
•	in this offering and the aggregate dollar amounts of their purchases. For offerings up		
	Rule 504, indicate the number of persons who have purchased securities and the aggregation		
	dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero.	"	
			Aggregate
		Number of	Dollar Amount
		Investors	of Purchases
	Accredited Investors	37	\$ 2,095,175 shares
	Non-accredited Investors	15	\$ 144,388 shares
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under	ULOE	.
	Thiswer also in Appendix, Column 4, it thing ander	OLOL.	
	If this filing is for an offering under Rule 504 or 505, enter the information requested for	- all	
	securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (
	months prior to the first sale of securities in this offering. Classify securities by type liste		
	Part C - Question 1.		
	·	Type of	Dallan Amanus
	Type of Offering	Security	Dollar Amount Sold
	Rule 505		Solu C
	447414414414444444444444444444444444444		· « ————
	Regulation A Rule 504		· °
	Total		\$
	Total		
	- Powerlab - was a constant of the constant of		
	a. Furnish a statement of all expenses in connection with the issuance and distribution of		
	securities in this offering. Exclude amounts relating solely to organization expenses of issuer. The information may be given as subject to further contingencies. If the amoun		
	an expenditure is not known, furnish an estimate and check the box to the left of		
	estimate.	the	
		5	*
	Transfer Agent's Fees	×	\$ 100
	Frinding and Engraving Costs		\$
	Legal Fees	Ä	\$ 100,000
	Accounting Fees	님	2
	Elighteeting rees		ž
	Sales Commissions (specify finders' fees separately) Other Expenses (identify) state filing fees	Ĭ	Ф • 5000
	Other Expenses (identify) <u>state filing fees</u> Total		\$ 5,000
	Total		\$ 105,100*
	There are no offering proceeds, all expenses will be paid by the selling shareholder		
	There are no othering proceeds, all expenses will be hald by the celling chareholder		

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	RICE, NUMBER OF INVESTORS, EXP		EEDS		
	aggregate offering price given in response hished in response to Part C — Question eeds to the issuer."				
			\$ <u>N/A</u> *		
used for each of the purposes shown. estimate and check the box to the lef	Isted gross proceeds to the issuer used or purification of the amount for any purpose is not known to fit the estimate. The total of the payment the issuer set forth in responses to Part C	vn, furnish an ts listed must			
		Payments to Officers, Directors & Affiliates	Payments to Others		
Salaries and fees		□ \$	□ \$		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□ \$ <u> </u>		
	llation of machinery and equipment		s		
Construction or leasing of plant buil	dings and facilities		s		
Acquisition of other businesses (inc	luding the value of securities				
involved in this offering that may be assets or securities of another issuer	pursuant to a merger)	□ \$	□ \$		
Other (specify):					
Column Totals					
Total Payments Listed (column total		\$ <u>N/A*</u>			
* There are no offering pr	oceeds in this exchange offer.				
	D. FEDERAL SIGNATUR	RE			
ollowing signature constitutes an underta	e signed by the undersigned duly authorize king by the issuer to furnish to the U.S. See ne issuer to any non-accredited investor pur	curities and Exchange Commiss suant to paragraph (b)(2) of Ru	ion, upon written request		
suer (Print or Type) ennox International Inc.	Signature	Date September 12	_, 2007		
ame of Signer (Print or Type)	Title of Signer (Print or Type)				
enneth C. Fernandez	Associate General Counsel and Assi	stant Secretary			
		<u></u>			





ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)